

<h1>TRANSMITTAL FORM</h1> <p><small>(to be used for all correspondence after initial filing)</small></p>	Application Number	10/644,577-Conf. #6200-5796
	Filing Date	August 20, 2003
	First Named Inventor	Connie Sanchez
	Art Unit	1617
	Examiner Name	Yong S. Chong
Total Number of Pages in This Submission	Attorney Docket Number	05432/100M919-US2

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Notice of Appeal) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; display: inline-block; padding: 2px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	DARBY & DARBY P.C.	
Signature	<i>Jay P. Lessler / by Thomas H. Barrows # 60,463</i>	
Printed name	Jay P. Lessler	
Date	September 28, 2007	Reg. No. 41,151

Effective on 12/05/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2007</h2>		Application Number	10/644,577-Conf. #52005196
		Filing Date	August 20, 2003
		First Named Inventor	Connie Sanchez
		Examiner Name	Yong S. Chong
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1617
TOTAL AMOUNT OF PAYMENT (\$) 1,520.00		Attorney Docket No. 05432/100M919-US2	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) _____	
<input type="checkbox"/> Deposit Account Deposit Account Number <u>04-0100</u> Deposit Account Name <u>Darby & Darby P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
							Small Entity
							Fee (\$)
							Fee (\$)
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							200 100
Multiple dependent claims							360 180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
19 - = x = =				Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for. If greater than 20							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
1 - = x = =							
HP = highest number of independent claims paid for. If greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Other:							1,020.00
1253 Extension for response within third month							1,020.00
1401 Notice of Appeal							500.00

SUBMITTED BY			
Signature	<u>Jay P. Lessler / by Thomas H. Burrows #60,463</u>	Registration No. (Attorney/Agent)	41,151
Name (Print/Type)	Jay P. Lessler	Telephone	(212) 527-7765
Date	September 28, 2007		